

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584 861

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		1		1		
7		1		1		
8		①		1		
9	1		1			
10		1		1		
11		1		1		
12		3		1		
13		①		1		
14		1		1		
15		1		1		
16		①		1		
17		1		1		
18	1		1			
19		1		1		
20		1		1		
21		3		1		
22		①		1		
23		①		1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	27	←	21	←		←
TOTAL CLAIMS	30		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						